

RECEIVED

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

AP AUG 01 2013 MRB  
08-01-2013  
THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

John Saiger

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

vs.

Tom Dart

Theresa Olson

John Doe

13 C 5495

Judge Sharon Johnson Coleman

Magistrate Judge Young B. Kim

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

CHECK ONE ONLY:

X

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983  
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE  
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

**I. Plaintiff(s):**

- A. Name: John Saiger
- B. List all aliases: \_\_\_\_\_
- C. Prisoner identification number: 20130313060
- D. Place of present confinement: Cook County Jail
- E. Address: PO Box 089002

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Tom Dart  
Title: Sheriff of Cook County  
Place of Employment: Cook County
- B. Defendant: Theresa Olson  
Title: Administrator  
Place of Employment: Cook County Jail
- C. Defendant: John Doe  
Title: Official in charge of scheduling Dental appointments  
Place of Employment: Cermak Health Services

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: John Saiger V.  
DAVID FARGUS 10CV03387
- B. Approximate date of filing lawsuit: June 2009
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- D. List all defendants: DAVID Fargus John Doe  
JANE Doe  
\_\_\_\_\_  
\_\_\_\_\_
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): NORTHERN District
- F. Name of judge to whom case was assigned: Sharon Coleman
- G. Basic claim made: Medical Deliberate indifference  
\_\_\_\_\_  
\_\_\_\_\_
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): DISMISSED (settled)  
\_\_\_\_\_  
\_\_\_\_\_
- I. Approximate date of disposition: August 2010

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

The plaintiff was Booked Into the Cook County Jail on March 13<sup>th</sup> 2013. On or about March 23<sup>rd</sup> 2013 the plaintiff was eating his Cook County Department of Corrections [CCDOC] provided Dinner meal when a piece of his Lower right wisdom tooth broke off exposing the core of the tooth and causing the plaintiff IMMEDIATE SEVERE Pain. The plaintiff IMMEDIATELY submitted a medical request form requesting treatment for his injury. The plaintiff's injury continued to get worse and more painful as the tooth continued to deteriorate. The Plaintiff Notified the Medical professionals at the inmate dispensary as to the nature of his injury in addition to filing multiple Medical requests and received no Dental treatment. The plaintiffs pleas for help

Were Ignored and the plaintiff was never seen by the Dental Department. After waiting for over 70 days for treatment all the while suffering severe pain and discomfort the plaintiff filed an inmate grievance form on June 5<sup>th</sup> 2013 stating a lack of proper medical treatment (Exhibit A-1). The plaintiff received an answer to the grievance on June 19<sup>th</sup> 2013. The answer stated that the plaintiff was scheduled to see a dentist on June 25<sup>th</sup> 2013. The plaintiff appealed that decision stating that he was in severe pain and needed immediate treatment. The plaintiff was not seen by any medical personnel on June 25<sup>th</sup> 2013. The plaintiff received notification that his appeal was denied on July 17<sup>th</sup> 2013. The reason for that denial was that the plaintiff was scheduled to see the dentist on July 5<sup>th</sup> 2013 (Exhibit A-3) the plaintiff was not seen by any medical personnel on July 5<sup>th</sup>. As of July 30<sup>th</sup> 2013. the plaintiff has not received any dental treatment and is still experiencing severe daily dental pain.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

A preliminary and permanent injunction ordering the  
COOK COUNTY Department of corrections to provide Adequate  
Dental treatment for the plaintiffs injury. and  
financial compensation in an amount to be determined  
By the court.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 30<sup>th</sup> day of July, 2013

John Saiger  
(Signature of plaintiff or plaintiffs)

John Saiger  
(Print name)

2013 0313 060  
(I.D. Number)

P.O. Box 089002  
Chicago IL 60608  
(Address)



## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☒ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

2013X1910

! This section is to be completed by Program Services staff - ONLY ! (! Para ser llenado solo por el personal de Program Services !)

## GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE  
☒ GRIEVANCE  
☐ NON-GRIEVANCE (REQUEST)

Program Services Supervisor Approving Non-Grievance (Request) Signature

## REFERRED TO:

- ☒ CERMAK HEALTH SERVICES  
☐ SUPERINTENDENT: \_\_\_\_\_  
☐ OTHER: \_\_\_\_\_

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

SAIGER

PRINT - FIRST NAME (Primer Nombre):

John

ID Number (# de identificación):

20130313060

DIVISION (División):

3 ANNEX

LIVING UNIT (Unidad):

B4

DATE (Fecha):

6, 5, 13

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- \* An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- \* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- \* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.

- \* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.

- \* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.

- \* Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE:

(Por Favor, Incluya:

Date of Incident

- Time of Incident

- Specific Location of Incident

Fecha Del Incidente

- Hora Del Incidente

- Lugar Especifico Del Incidente)

ON SATURDAY MARCH 23RD 2013 I WAS EATING MY DINNER MEAL WHEN A PIECE OF MY LOWER RIGHT WISDOM TOOTH BROKE OFF. I HAVE BEEN EXPERIENCING SEVERE DENTAL PAIN SINCE THAT TIME. I HAVE SUBMITTED MULTIPLE MEDICAL REQUEST SLIPS AND HAVE INFORMED THE MEDICAL STAFF AT THE DISPENSARY AS TO THE NATURE OF MY PROBLEM. I HAVE RECEIVED NO RELIEF YET AND I AM STILL EXPERIENCING SEVERE PAIN. IT HAS BEEN OVER 70 DAYS AND I HAVE RECEIVED NO TREATMENT

ACTION THAT YOU ARE REQUESTING (Acción que está solicitado):

IMMEDIATE DENTAL TREATMENT

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información):

INMATE SIGNATURE (Firma del Preso):

SUPERINTENDENTS/DIRECTORS/DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Aguacil del Condado de Cook)

## INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

☒ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

2013 X 1910

## INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

Saiger

INMATE FIRST NAME (Primer Nombre):

John

ID Number (# de Identificación):

20130313060

## GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL &amp; RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

~~Inmate~~ Inmate alleges a lack of treatment regarding severe dental pain from a broken wisdom tooth.

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

n/a

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

DATE REFERRED:

6/7/13

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Dental appt 6/25/13

PERSONNEL RESPONDING TO GRIEVANCE (Print):

C. Smith

SIGNATURE:

[Signature]

DIV./DEPT.:

[Signature]

DATE:

6/11/13

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.:

DATE:

1/1/13

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE: \_\_\_\_\_☐ NON-GRIEVANCE SUBJECT CODE: \_\_\_\_\_

INMATE SIGNATURE (Firma del Preso):

[Signature]

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

6/19/13

## INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

- \* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.
- \* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): 6/19/13

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

the Dental appt is not soon enough I am in severe pain and need immediate treatment

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?  
(¿Apelación del detenido aceptada por el administrador o/su designado(a)?)

Yes (Si)

☐

No

☒

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

SEE ATTACHMENT

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a)):

Theresa Wilson

SIGNATURE (Firma del Administrador o/su Designado(a)):

[Signature]

DATE (Fecha):

7/5/13

INMATE SIGNATURE (Firma del Preso):

[Signature]

DATE INMATE RECEIVED APPEAL RESPONSE  
(Fecha en que el preso recibió respuesta a su apelación):

7/11/13



**CERMAK HEALTH SERVICES OF COOK COUNTY**

**GRIEVANCE APPEAL NOTATION**

**Grievance # 2013x1910**

**CCDOC # 20130313060**

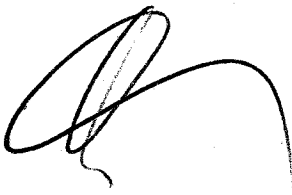
**Date appeal requested: 6/19/13**

**Date appeal received: 6/21/13**

**Date: 7/1/13**

**Note:**

**Moved divisions. Dental appt 7/5/13**

A handwritten signature in black ink, consisting of a large, stylized 'C' followed by a horizontal line and a small upward stroke.

**This information is based only on the medical investigation performed by Cermak Health Services. This is not a final ruling on the appeal from the Administrator. The signer of this note is not an employee of CCDOC or Cook County Sheriff.**

*Inmate  
Copy*